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**\*BIBDATASHEET\***

CONFIRMATION NO. 3539

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/924,857	<b>FILING OR 371(c) DATE</b> 08/08/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> P0378P3C6
<b>APPLICANTS</b> Donogh P. O'Brien, Harrow, UNITED KINGDOM; Gordon A. Vehar, San Carlos, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/476,837 06/07/1995 PAT 6,274,142 and is a CON of 08/260,662 06/16/1994 PAT 5,589,173 and is a CON of 08/076,280 06/11/1993 ABN and is a CON of 07/887,575 05/18/1992 ABN and is a CON of 07/237,595 08/25/1988 ABN and is a CIP of 07/209,665 06/21/1988 ABN and is a CIP of 07/110,255 10/20/1987 ABN and is a CIP of 06/926,977 11/04/1986 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/30/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 09157				
<b>TITLE</b> METHODS FOR THE TREATMENT COAGULATION DISORDERS: WITH LIPOPROTEIN ASSOCIATED COAGULATION INHIBITOR (LACI)				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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\*\* 08/30/2001

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**  
09157 → **METHODS FOR THE TREATMENT OF COAGULATION**

**TITLE** **DISORDERS WITH LIPOPROTEIN ASSOCIATED COAGULATION**  
Method and therapeutic compositions for the treatment of myocardial infarction INHIBITOR (LACI)

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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